

**HURRICANE WILMA – MONROE/MIAMI-DADE/BROWARD COUNTIES
SMALL BUSINESS EMERGENCY BRIDGE LOAN PROGRAM
APPLICATION – PAGE ONE**

DATE _____ AMOUNT REQUESTED _____ APPLICATION # _____-_____-_____

Legal Business Name: _____ **Federal Tax I.D. #** _____

Address: _____ **State Tax I.D. #** _____
(Street)

(City) (County) (State/Zip) **Unemployment Compensation
Account #** _____

Telephone: _____ Date Business Started: _____
Month/Year

Business Location (if other than above):

Address: _____
(Street)

(City) (County) (State/Zip)

Telephone: _____ Date Business Started at This Location: _____
Month/Year

Type of Business Activity: (Describe) _____

Business Form: (Circle one): Sole Proprietorship Partnership S-Corp. C-Corp LLC LLP Self-Employed

Number of Employees (FTE): _____

Majority Business Owner: *Only the majority owner may apply for this loan.*

Full Name _____ Social Security # _____

Title: _____ Driver's License # _____

Percent Ownership: _____ Date of Birth _____

Home Address: _____ Telephone: _____
(Street)

(City) (County) (State/Zip)

Licenses: (Circle as many as appropriate.) Saltwater Products Shellfish Processing Plant Certification

Seafood Dealer Charter Boat Captain Other _____

If the applicant is the holder of any commercial fishing/saltwater products/process license they must complete Page Three of the Application

Credit and Financial Information:

Annual Revenue: FY 200--- _____ FY 200--- _____

Total Payroll: _____

PreTax Income: _____

Please attach additional information such as tax returns if available.

(continue)

Banking Relationship: Bank Name: _____ Contact: _____
Account #(s)/Type: _____ Telephone: _____

Other Credit/Vendor Relationships

Name: _____ Contact: _____
Telephone: _____
Account #(s)/Type: _____
Name: _____ Contact: _____
Telephone: _____ Account
#(s)/Type: _____
(Attach additional information as needed.)

Statement of Physical Damage and Planned Use of Proceeds: _____

(Attach additional information as needed.)

Expected Source of Repayment: (Circle as appropriate): Personal Funds Business Funds

Insurance Proceeds Bank Loan Government Loan USDA Crop Loss Assistance

Other: _____

Requested Term: (Circle one) 90 days 180 days

Signature:

The undersigned, by signature on this document, verifies that the above information is true and complete, that he/she has authority to apply for this loan, **and intends to repay using funds available to him/her or the business and by applying for _____, the proceeds of which would be used to repay this loan.** The undersigned understands that the South Florida Regional Planning Council, and/or other financial institutions assisting the South Florida Regional Planning Council in its administration of this loan program for the State of Florida, may investigate the credit of the applicant or co-applicant(s) for purposes limited to this application only, **and hereby authorizes such investigation.**

The undersigned, by signature on this document **also authorizes the release of his/her reported marine fisheries trip ticket landings** to the South Florida Regional Planning Council or the Office of Tourism, Trade, and Economic Development for the purposes of review per the policies and procedures of the State of Florida's Hurricane Wilma – Monroe/Miami-Dade/Broward Counties Small Business Emergency Bridge Loan Program.

The information on this application, and/or additional information obtained in connection with its processing, as authorized above, is confidential, and shall not be released to any party without the written permission of the applicant(s) except for audit review by State or federal agencies and upon request by financial institutions or agencies considering an extension of credit to the applicant(s). Misrepresentation of the above information could result in prosecution for fraud.

Company Name: _____ Date: _____

By: _____ Title: _____

Applicant Name: _____ Date: _____

_____ Date: _____

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SALTWATER PRODUCTS/SEAFOOD PROCESSING LICENSES

Wholesale Seafood Dealer Number _____ Shellfish Processing Plan Certification _____
Charter Boat Captain _____ Other _____

Types and Numbers: (valid – current year)

License #1 Type: _____ Number: _____ Endorsement (type) _____
License #2 Type: _____ Number: _____ Endorsement (type) _____
License #3 Type: _____ Number: _____ Endorsement (type) _____

(Please add additional sheets if necessary)

Commercial landings and sales (by species and Saltwater Products License/Wholesale/Retail Dealer License

Calendar 2004	Calendar 2003
_____	_____
_____	_____
_____	_____
_____	_____

(Please attach a separate sheet if necessary)

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FOR USE IN LOAN PROCESSING ONLY: (Attach additional sheets as required.)

Application #: _____

Driver's License/Personal Identification Verified: _____

Tax Return(s) Attached: 200--- Personal _____ Business _____

 200--- Personal _____ Business _____

Accepted as Complete: Date: _____ Time: _____

BY: _____ (Bank Representative)

Bank: _____

Credit Report Comments:

Credit References and Other Comments:

Loan Committee Action: Date: _____ Approved (circle one): Yes No

Amount Approved: _____ Term: _____

Conditions: _____

Saltwater Products/Seafood Dealer License Numbers Verified: _____ Date: _____

Shellfish Processing Plant Certification Verified: _____ Date: _____

Apalachicola Bay Oyster harvesting License Verified: _____ Date: _____

Reported Marine Fisheries Trip Ticket Landings Verified: _____ Date: _____

Comments: _____

Name: _____

Status of Prior Florida Small Business Emergency Bridge Loans Verified: Date: _____ (circle one)

None Outstanding Installment Balance Outstanding Collection Action Name: _____